

Serial No.: 10/014,146

Attorney Docket No.: 2001P18437US01

**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****RECEIVED  
CENTRAL FAX CENTER**

Applicants: Kappel, et al.

Serial No.: 10/014,146

Filed: November 28, 2001

Title: **LIFE OF CALL UTILITY**

Group Art Unit: 2172

Examiner: Woo

Certificate of Facsimile Transmission

I hereby certify that this document is being facsimile transmitted on the below listed date, consisting of the below listed number of pages, and to the below listed fax number.

Date of Trans.: August 30, 2005Fax Number: 571-273-8300No. of Pages: Two (2)By: 

Jeanette L. Taplin

**AUG 30 2005****REQUEST FOR CONTINUED EXAMINATION (RCE)**Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

1. Applicant hereby requests continued examination, in accordance with 37 C.F.R. §1.114, for the above identified application.

**TIME REQUEST IS BEING MADE**

2. This request is being submitted:

- i. ☒ **Prior to abandonment of the application**
- ii. ☐ **With payment of the issue fee**
  - ☐ **Prior to payment of issue fee**
  - ☐ **Issue fee has been paid but a petition under §1.313 has been granted**
- iii. ☐ **Prior to a decision on appeal to the Board of Patent Appeals & Interferences**
  - ☐ **A notice is being separately sent to the Board of Patent Appeals & Interferences that this Request for Continued Examination is being filed.**

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OIPE/IAP****AUG 31 2005**

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**ENCLOSURES**

3. Enclosed herewith is/are:

- ☐ A Petition for Extension of Time for \_\_\_\_\_ month(s).  
☒ Please enter the Amendment filed August 1, 2005.  
☐ Please enter the enclosed Preliminary Amendment.  
☐ An Information Disclosure Statement (37 C.F.R. §1.98) with PTO-1449  
 and \_\_\_ references.  
☐ New arguments  
☐ New evidence in support of patentability  
☐ Other:

**FEE FOR REQUEST (37 C.F.R. §1.17(e))**

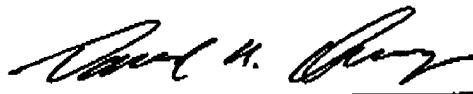
4. ☒ Filing fee has been calculated as shown below after entering the previous amendment (other than small entity):

| For   | Claims Remaining<br>After Amendment | Highest Number<br>Previously Paid For | Present<br>Extra | x Rate  | Additional Fees |
|---|-------------------------------------|---------------------------------------|------------------|---------|-----------------|
| Total<br>Claims   | 17                                  | -20                                   | =0               | x \$ 50 | \$ 0.00         |
| Indep.<br>Claim   | 5                                   | -5                                    | =0               | x \$200 | \$ 0.00         |
| <input type="checkbox"/> First Presentation of a Multiple Dependent Claim |                                     |                                       | + \$300          |         | \$ 0.00         |
|   |                                     |                                       | Basic Filing Fee |         | \$ 790.00       |
|   |                                     |                                       | Total            |         | \$ 790.00       |

5. ☒ Please charge Deposit Account No. 19-2179 in the amount of \$790.00. The Commissioner is hereby authorized to charge any fees that may be required, or credit any overpayment to Deposit Account No. 19-2179 pursuant to 37 C.F.R. §1.25. A duplicate copy of this sheet is enclosed.

PLEASE MAIL CORRESPONDENCE TO: Respectfully submitted,

Siemens Corporation  
 Customer Number: 28524  
 Attn: Elsa Keller, Legal Administrator  
 Intellectual Property Department  
 170 Wood Avenue South  
 Iselin, NJ 08830

  
 David D. Chung, Reg. No. 38,409  
 Direct Dial: (650) 694-5339  
 Fax: (650) 968-4517